

12 NOV 1949

LLANFYLLIN  
RURAL DISTRICT COUNCIL.

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ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR 1949.

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CARTREF,

LLANFAIR CAEREINION,

WELSHPOOL.

30/11/1950

*To the Chairman and Members of the Llanfyllin Rural  
District Council.*

Ladies and Gentlemen,

I have the honour of submitting to you my Annual Report dealing with the Vital Statistics, and Sanitary Circumstances for the year 1949.

They do not materially differ from those submitted for previous years.

The incidence of ill health during the year would appear to be somewhat lower and there was comparative freedom from the usual infectious diseases.

The movement of population from the higher hills and mountains continues and the number of empty and derelict farms in these areas, where modern amenities are lacking, increases.

There is evident also a drift of farm workers generally to employment on road schemes, afforestation, erection of houses, etc.

To maintain food production further mechanisation of farms and farming methods are more necessary than ever under the conditions of labour now obtaining.

During the year accelerated progress has been made with the various housing schemes and many houses have been completed.

The need for more houses still continues however and much time must elapse before these are satisfied.

Details of the numerous sewage disposal works needed in many of the villages in the District are being worked out but actual work on these much needed schemes has not been commenced.

This also applies to the contemplated major water scheme and the subsidiary and interim schemes for Llanfair Caereinion and other centres of population.

The New Health Act has now been functioning for some months.

It was expected that various difficulties would arise and appear during the initial period.

With conscientious and honest approach and reasonable demands on the part of all concerned present difficulties should be soon eliminated and the nation increasingly benefited in accordance with the intentions of the Act.

I take this opportunity to thank your officials for the constant help and co-operation which they have extended to me during the year and which has been greatly appreciated by me.

I have the honour to remain,

Ladies and Gentlemen,

Your obedient Servant,

W. MILTON JONES,

M.B., Ch.B.

## SECTION "A."

### Statistics and Social Conditions of the Area.

Area of the District—163,477 Acres.

Registrar General's estimate of Population for year 1949—  
10,380.

Population (1931 Census)—11,487.

Number of Inhabited Houses—2,894.

Rateable Value—£54,779.

Sum represented by a Penny Rate—£224

### Extracts from Vital Statistics for the Year 1949.

			<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
<b>Live Births</b> (Total 183)	{ Legitimate	...	80	86	166
	{ Illegitimate	...	11	6	17

Birth Rate per thousand of the estimated population—17·63.

			<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
<b>Still Births</b> (Total 1)	{ Legitimate	...	—	—	—
	{ Illegitimate	...	—	1	1

Still Birth Rate per thousand of the estimated population—·09.

**Deaths.** Males—75; Females—60; Total—135.

Death Rate per thousand of the estimated population—13·0.

Number of Women dying in or in consequence of child birth:—

From Sepsis—Nil. From other causes—Nil.

Maternal Mortality Rate per thousand total births—Nil.

Number of Deaths of Infants under 1 year of age:—

				<i>Male.</i>	<i>Female.</i>	<i>Total</i>
Legitimate	...	...	...	5	5	10
Illegitimate	...	...	...	—	—	—

*Death Rate of Infants under 1 year of age:—*

All Infants per thousand Live Births—54·6.

Legitimate Infants per thousand Live Births—54·6.

Illegitimate Infants per thousand Live Births—Nil.



Deaths from Cancer—

Male—7 ; Female—12 ; Total—19.

Average age at death of those dying from Cancer—65 years.

Deaths from Measles (all ages)—1.

Deaths from Whooping Cough (all ages)—Nil.

Deaths from Diarrhoea (under 2 years of age)—Nil.

Total Deaths of Residents of the area who died in Hospitals and Institutions—38.

Percentage (of total deaths) occurring in Hospitals, Institutions, etc. 28.2.

Average age at Death (excluding deaths under 1 year of age) of ALL residents of the area whose deaths were allotted to the area  
66.7 yrs.

Average age at death (excluding deaths under 1 year of age) of those who died in the area and whose deaths were allotted to the area  
67.6 yrs.

*Deaths from Tuberculosis—*

Pulmonary : Male—Nil. Female—3. Total—3.

Non-Pulmonary : Male—Nil. Female—Nil. Total—Nil.

Average age at death of those who died as a result of Tuberculosis (all forms)—40.3 years.

*For the purpose of comparison Vital Statistics for England and Wales are given below :—*

**Death Rate** per thousand Civilian Population—11.7

**Birth Rate** { Live Births per thousand Civilian Population—16.7  
Still Births per thousand Civilian Population—0.39

Maternal Mortality Rate—Per Thousand Total Births—0.98.

Still Birth Rate—Per Thousand of the Estimated Population—  
0.39

Death Rate under 1 year of age—

Per thousand related live Births—32.

### **Maternal Mortality.**

It is again gratifying to note that no deaths were reported as being attributable to maternal causes.

Unceasing efforts continue to be made to remove those dangers which are associated with child bearing and increasing success accompanies these worthy efforts.

Child and maternity welfare clinics are extending their scope and utility and increasing appreciation and co-operation of mothers is the reward of these undertakings. Much more is now known concerning the



hygiene and dictary as applied to Expectant Mothers and this increasing knowledge is being faithfully transmitted to those concerned by the now generally available and extending ante-natal services.

The advice and services of specialist, obstetricians and gynaecalogists are available in all cases where and when necessary, and these are "backed up" by extending Hospital facilities.

The recent discoveries of more efficient drugs have proved most welcome and fruitful in the constant warfare which is being waged in a general effort to minimise and remove the possible dangers and incapacities which are associated with the bringing of children into the world.

The press also plays a very important part and displays much interest in the education of the general public in matters pertaining to health and well-being of the community.

### **Infantile Mortality.**

The deaths of 10 infants under 1 year of age were notified during the year. Of these 5 were males and 5 were females and all were legitimate infants. Four deaths were due to Prematurity and took place within a few hours of birth. Two which took place within  $1\frac{1}{2}$  hours of birth were due to injuries associated with parturition. The other deaths were due to illnesses and diseases due to and associated with birth and occurred within some days of birth.

Skilled supervision during pregnancy and skilled help during child birth afford the best means of reducing Infantile Mortality.

The following is the Registrar General's detailed list of the various causes of deaths, together with numbers and sex, allotted to the area during the year 1949:—

			<i>Males.</i>	<i>Females</i>
Tuberculosis (of the Respiratory System)	...	...	—	3
Syphilitic Diseases	...	...	—	2
Influenza	...	...	—	1
Measels	...	...	1	—
Cancer (all forms)	...	...	7	12
Intra-Cranial Vascular Lesions	...	...	11	10
Heart Disease	...	...	24	7
Other Diseases of the Circulatory System			2	1
Bronchitis	...	...	2	2
Pneumonia	...	...	2	—
Other Respiratory Diseases	...	...	1	—
Ulcer of Stomach or Duodenum	...	...	2	—
Appendicitis	...	...	2	—
Other Digestive Diseases	...	...	2	1
Nephritis	...	...	3	1
Premature Birth	...	...	1	2
Congenital Malformations, Birth Injury, etc			4	2
Suicide	...	...	1	2
Other Violent causes	...	...	3	—
All Other Causes	...	...	7	14
			—	—
		Totals	75	60

Of these deaths 74 were 70 years and upwards and of these, 29 were over 80 years with two over 90 years.

The following Table summarizes the Vital Statistics of the District  
for the Years 1931—49.

Year	Per 1,000 Population				Per 1,000 Births (Live <i>and</i> Still),	
	Birth Rate	Death Rate	Death Rate from Tub- erculosis	Death Rate from Cancer	Maternal Mortality Rate	Rate of Deaths under 1 year
1931	18.0	13.6	.68	1.63	9.5	81.0
1932	20.1	14.4	.43	1.88	8.5	51.0
1933	14.1	14.6	.43	2.25	Nil	55.0
1934	15.7	13.8	.53	2.28	5.37	100.0
1935	16.2	12.9	.62	1.4	Nil	41.6
1936	14.1	13.1	.54	1.8	5.7	53.8
1937	13.7	14.6	.63	2.1	6.17	46.6
1938	15.05	12.65	.64	1.38	11.9	49.1
1939	16.4	14.65	.27	1.9	Nil	89.4
1940	11.8	16.7	.46	2.8	Nil	85.1
1941	14.3	15.09	.42	1.04	5.3	61.9
1942	15.3	15.1	.53	2.3	Nil	46.2
1943	17.1	11.9	.09	1.9	Nil	31.6
1944	17.3	14.1	.28	2.0	5.3	44.2
1945	18.52	13.53	.38	2.0	Nil	41.4
1946	15.25	13.1	.38	2.2	Nil	37.5
1947	17.76	13.6	.56	2.4	Nil	32.6
1948	18.02	13.8	.30	2.4	5.3	37.6
1949	17.63	13.0	.29	1.8	Nil	54.6



## SECTION "B."

### General Provision of Health Services for the Area.

1. (a) One Part Time Medical Officer of Health.
- (b) One Surveyor and Sanitary Inspector.
- (c) One Additional Sanitary Inspector, (as from 1/8/49).
- (d) One Unqualified Assistant. (On sick leave throughout 1949).

#### Note.

The two Officers holding appointments as Sanitary Inspectors also act as Food Inspectors when necessary, and hold the appropriate certificate of the Royal Sanitary Institute.

#### 2. (a) **Laboratory Facilities.**

No facilities exist within the area but requisite examinations of material can be carried out in Laboratories attached to Hospitals in Aberystwyth, Shrewsbury, Wrexham and elsewhere.

#### (b) **Ambulance Facilities.**

No ambulance is based within the area but such transport is available from adjacent areas.

Ambulances are stationed in Llanfyllin, Welshpool, Newtown and Caersws.

The area is sub-divided into zones each of the latter being catered for by ambulances from one of the above depots. Ambulances are ultimately controlled by the County Medical Officer of Health who also details cars for sitting cases.

#### (c) (1) **Nursing in the home.**

This is carried out by various District and Maternity Nurses stationed in the area and these are supervised by the County Medical Officer of Health.

#### (2) **Nursing of infectious cases.**

The majority of Infectious cases are nursed at home by friends, relatives and (or) Guardians.

There are no facilities such as Hospitals or Nursing homes in the area and any cases of Infectious diseases which require admission are accepted into, mainly, the Monkmoor Isolation Hospital, Shrewsbury for isolation and treatment.

**(d) Treatment Centres and Clinics.**

A "Baby Clinic" has recently been established in Meifod and is held periodically under supervision of the County Medical Officer of Health.

Otherwise there are no fixed treatment Centres or Clinics in the area.

These however are available in adjacent areas.

**(e) Hospitals—Public and Voluntary.**

No Hospitals exist in the area but such are available in Wrexham, Oswestry, Shrewsbury, Welshpool, Newtown and Aberystwyth.

**(3) Nursing Homes (including Maternity Homes)**

No such homes or facilities exist in the area but are available in adjacent districts.

**SECTION "C."****Sanitary Circumstances of the Area.****Water Supplies.**

The Welsh Board of Health have suggested that this report should include information on the following points:—

**(i) Quality.**

To report upon the quality of the water supplies in the district, it is necessary to distinguish between the public supplies operated by the Council and supplies obtained from private sources.

Generally, the quality of the supply from the water schemes operated by the Council is good, as is indicated by the results of 51 samples submitted for bacteriological examination and chemical analyses, as follows;—

	Untreated Water.		Treated Water	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Bacteriological	19	3	21	1
Chemical	7	0	1	0

It will be noted that all Chemical Analyses made gave satisfactory results.

One sample of treated water was found to be insufficiently chlorinated, and three samples of untreated water gave unsatisfactory results. When the unsatisfactory results were known, further samples from the unsatisfactory supplies were taken immediately and found to be good.

The quality of the privately owned supplies is less satisfactory. The high proportion of domestic wells in use makes it impracticable to



prepare a detailed report on the quality of these supplies, but 21 samples of such supplies were bacteriologically examined during the year, and of these ten gave unsatisfactory results. It should be pointed out however, that the proportion of unsatisfactory private supplies throughout the district is not necessarily as high as these figures would indicate.

**(ii) Quantity.**

There is no doubt that, taking the district as a whole, there is a pressing need for a comprehensive water supply scheme.

The Council operate schemes of supply in the following villages :— Llanfair Caereinion, Llanerfyl, Foel, Meifod, Llansantffraid, Llangynog, Penybontfawr and Dolanog.

During the year under review, no rationing of water was necessary in any of these villages, but to a varying extent, limitations on the use of water for non-domestic purposes had to be imposed. Possibly, a more serious aspect is that in some instances, further housing development must be curtailed until additional water supplies are made available.

Every parish throughout the district requires additional works of water supply, and I would mention in particular, the following :—

**(a) Parish of Llanfair Caereinion.**

This parish has the greatest population of any in the rural district and contains more houses supplied from the public mains than any other parish. Nevertheless, only about 40% of the houses in the parish are within reach of watermains, and any further building development is impossible until the water supply is augmented. I am glad to know the Council have submitted details of a proposed new scheme of supply.

**(b) Parish of Llanfechain.**

This parish contains a sizeable village and has no main supply. A scheme has been submitted.

**(c) Parishes of Llandrinio, Llandysilio, Carreghofa and Llansantffraid Deytheur.**

These are four parishes where housing development is completely held up pending the construction of works of water supply. I express the hope that every effort will be made to commence at an early date the proposed scheme of supply for these parishes.

**(d) Parishes of Garthbeibio and Llangadfan.**

These parishes contain the villages of Foel and Llangadfan. The former already has a main supply which it is proposed to extend to the village of Llangadfan. When the extension has been made, further development of either village cannot take place without endangering the supplies during periods of drought.

**(e) Parish of Llanfihangel.**

The hamlet of Llanfihangel is a comparatively small one, of less than a dozen houses, but every effort should be made to find a satis-



factory supply of water. Unfortunately, owing to its elevation, it is apparently a difficult matter to supply water to this locality at reasonable expense.

(f) **Village of Pontrobert.**

Works of water supply are urgently needed in this village, and I suggest that consideration might be given to the possibility of the future Llanfair supply being extended to this village.

### **Plumbo-Solvent Action.**

I would not expect any of the piped supplies controlled by the Council to have a marked aggressive action on metals. In two cases the water is passed through a contact chamber of limestone chippings to counteract any acidity in the water.

#### **Number of Houses with Public Supply**

Particulars of the number of dwelling houses and the number of population supplied from public water mains.

Parish.	Supply laid on to dwellings or curtilage.		Supply by Standpipe.	
	Number of Dwellings	Approx. Population	Number of Dwellings	Approx. Population
Works controlled by Council.				
Meifod ...	38	157	38	184
Llanerfyl ...	18	76	15	72
Llansantffraid				
Pool ...	52	207	71	344
Pennant ...	19	81	27	126
Llangynog ...	25	108	78	279
Llangadfan ...	6	24	17	68
Llanfair Caereinion ...	116	499	76	342
Llanfihangel				
Dolanog Village } ...	5	20	—	—
Garthbeibio ...	—	—	1	2
Llangyniew ...	—	—	—	—
Hirnant ...	—	—	—	—
Llandysilio ...	—	—	—	—
Llandrinio ...	—	—	—	—
Llanfechain ...	—	—	—	—
Llansantffraid				
Deytheur ...	—	—	—	—
Guilsfield (without) ...	—	—	—	—
Works not controlled by Council.				
Llanfihangel ...	7	28	2	8
Llanwddyn ...	75	300	9	36
Llanrhaiadr ...	19	76	20	80
Carreghofa ...	29	116	—	—

## Drainage and Sewerage.

I have in many previous reports drawn attention to the need for modern sewerage works for various villages in the district. In my report for the year 1944, I expressed my appreciation of the Council's action in authorising the preparation of sewerage schemes for seven villages. It is disappointing that so little progress has been made during recent years in this connection, and I hope the Council will do everything that is possible to secure some progress.

## Closet Accommodation.

There are no substantial changes to report under this heading, and it is unlikely that many conversions will be made until sewerage works are constructed.

## Public Cleansing.

As I stated in my Annual report for the last year, most of the villages and hamlets in the district are now scavenged weekly by the Council, either through their own contractor, or by arrangement with other authorities. Occasionally, the area scavenged has been extended, but I think it would be difficult to justify any substantial expansion of this service, which during the year ended March, 1950 cost £1,395.

I concluded my last report on this subject by stating that the acquisition of additional land for tipping was urgently needed. Negotiations for additional land are now proceeding.

## Sanitary Inspections.

The following table shows the result of inspections made by the Sanitary Inspectors during the year :—

Notices.			
Informal.		Statutory.	
Served.	Complied With.	Served.	Complied With.
56	51	1	0

## Quantity of Food Condemned.

Meat and Fats (144 $\frac{3}{4}$  lbs.)

Beef 21lbs.

Pork 41lbs.

○ x Tongue (tinned) 6lbs.

Butter 13 $\frac{3}{4}$ lbs.

## Other Foods (136½ lbs.)

Fish various	...	63lbs.
Unsweetened Milk	...	41 x 1lb. tins.
Beans	...	2 x ½lb. tins.
Sardines	...	2 x ¼lb. tins.
Pears	...	1 x 2lb. tin.
Veal Loaf	...	1 x 1lb. tin.
Sugar	...	14 x 2lb.

**Milk and Dairies Orders.**

The duty of registering milk producers, and the inspection of their premises was transferred to the Ministry of Agriculture and Fisheries on the 1st October, 1949. Up to that date there were 660 registered producers in the area, inclusive of 48 new registrations granted out of 59 applications received during the first nine months of the year.

In all cases the premises were required to be brought up to present day standards upon registration.

**Shops and Offices.**

No action taken during the year.

**Camping Sites.**

There are no licensed camping sites in the district.

**Smoke Abatement.**

No action necessary.

**Swimming Baths and Pools.**

There are no swimming baths or pools in the district.

**Eradication of Bed Bugs.**

No action necessary

**Housing.**

The comments made in my last annual report on this subject are still applicable. The cases recorded of houses unfit for human habitation, or overcrowded, are undoubtedly well below those actually existing, but in the absence of a special survey, or regular routine inspections, it is impossible to give up-to-date figures. In previous years a number of houses have been reported to the Council as unfit for human habitation, and at the present time there are 88 occupied which have been reported to the Council as being unfit. This figure,



however, gives very little indication of the housing conditions in the area, and I am therefore very glad to be able to say that a survey has now commenced, which when completed will give the numbers of houses in various categories according to their condition.

### **Schools.**

There were no school closures during the year as the result of Infectious Diseases.

As in the past, routine Examination of school children is carried out by the County Medical Officer of Health and his staff.

At these Examinations defects are detected at an early stage and, when and where possible, those children found suffering from defects or tendencies to ill-health are referred to the family Doctor or the appropriate clinic or hospital for treatment or correction.

Parents, nowadays, are obviously more ready to co-operate than was the case in the past, and, since the institution of the New Health Act, advice in respect of children and their ailments is much more readily and frequently sought from the Family Doctor.

It is inevitable, that some people should become too health conscious and introspective and anxious concerning themselves.

These however are a minority and, generally speaking, the benefit, advice, guidance and availability of treatment under the present Health Act are much appreciated and will in increasing measure improve the general health and well being.

New Schools have been built in the area and others are in the course of erection. These are being erected to embody all modern ideals and amenities.

Recent years have seen great strides in the care of school children and the latter appear to be more alert and active and their general nutrition and appearance much improved and still improving and the majority are most anxious and desirous not to miss a day from school.

## **Section "F."**

### **Prevalence of, and control over, Infectious Diseases.**

Excluding Tuberculosis which is dealt with separately and elsewhere in this report the numbers of cases of Infectious Diseases, which were notified during the year in question, numbered 21.

This indicates a marked decrease upon the numbers (49 cases) which were notified during the preceding year.

During the year there was no epidemic of Infectious Disease and the incidence of illness during the period appears to have been low. Of the cases notified twelve were females and nine were males,

The cases of Ophthalmia Neonatorum were treated at home and both children made satisfactory and complete recoveries.

Both cases of Infantile Paralysis were removed to and treated in hospital.

It is again gratifying to note that no cases of Diphtheria were notified during the year.

This very acceptable state of affairs can, without doubt, be ascribed to the fact that the majority of children in the district have received their protective injections against this disease.

The continued absence of cases of Diphtheria in our midst should not be allowed to induce a state of complacency in us, and parents, or those having the charge of children, are again reminded of the facilities available in the Council's area for the immunization of babies and children.

These remarks also apply with equal force to this question of vaccination against Small Pox. Continued freedom and immunity from the latter disease tend to create an idea that vaccination is no longer necessary and this is evidenced by the fact that the numbers of children now protected against Small Pox by vaccination are steadily decreasing.

Notifications of Infectious Diseases during the year appears to have been satisfactory.

No immunisation against Scarlet Fever was carried out during the year, nor were any vaccinations or re-vaccinations performed during this period under Public Health (Small Pox) Regulations.

No cases of Scabies were brought to notice and this disease appears, for the time being at least, to have disappeared.

Your Sanitary Inspectors continue to carry out the disinfection of premises requiring such attention and, at the same time, they continue to give much appreciated advice in matters of hygiene, isolations and the essential co-operation of those who have been in contact with infectious diseases.

The following Tables are an analysis of Notifiable Infectious Diseases (Tuberculosis excepted), notifications in respect of which were received during the period under review.

Diseases.	Number of		Admissions into			Deaths.
	Cases	Notified.	Hospital.			
	M	F				
Measles ...	1	3	...	—	...	1
Pneumonia ...	3	2	...	—	...	2
Scarlet Fever	—	4	...	—	...	—
Acute Poliomyelitis	2	—	...	2	...	—
Ophthalmia Neonatorum	1	1	...	—	...	—
Whooping Cough ...	2	2	...	—	...	—
TOTAL ...	9	12	...	2	...	3



## Age Incidence of cases of Infectious Diseases Notified.

Disease.	Under 1 year	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65+	Total.
Measles ...	—	—	2	—	—	1	—	1	—	—	—	—	4
Pneumonia	—	1	—	—	—	1	—	—	—	2	1	—	5
Scarlet Fever	—	—	—	—	—	1	1	2	—	—	—	—	4
Whooping Cough	—	—	2	—	—	1	—	—	—	—	1	—	4
Ophthalmia Neonatorum	2	—	—	—	—	—	—	—	—	—	—	—	2
Acute Poliomyelitis	—	—	—	—	—	—	—	1	1	—	—	—	2
Total ...	2	1	4	—	—	4	1	4	1	2	2	—	21

## Tuberculosis.

No action was taken during the year under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or under section (2) of the Public Health Act, 1925.

During the year seven (7) new cases of Tuberculosis were notified and these included Two Males and Five Females.

Of the Male cases one was Pulmonary and the other Non-Pulmonary.

The Female cases comprised Four Pulmonary and One Non-Pulmonary.

The average age of these cases at the time of notification was 31.1 years and the ages varied from 14 years to 63 years.

For comparison—6 cases were notified during the preceding year—4 being male and 2 being female, and all were of the Pulmonary Type.

During the year particulars of deaths from Tuberculosis were received in respect of 3 patients all being female and were of the Pulmonary Type.

The average age at death of those who died as a result of Tuberculosis was 40.3 years.

The death rate for the year under review—per thousand of the population was .29.



**Classification of New Cases of Tuberculosis (all forms) and Deaths from this disease according to Age, Sex and type.**

Age Periods. <i>Years.</i>	—NEW CASES—				DEATHS. ———			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0— 1 ...	—	—	...	—	—	...	—	—
1— 5 ...	—	—	...	—	—	...	—	—
5—10 ...	—	—	...	—	—	...	—	—
10—15 ...	—	—	...	—	1	...	—	—
15—20 ...	—	—	...	1	—	...	—	—
20—25 ...	—	1	...	—	—	...	—	—
25—35 ...	—	1	...	—	—	2	...	—
35—45 ...	1	1	...	—	—	...	—	—
45—65 ...	—	1	...	—	—	1	...	—
65+ ...	—	—	...	—	—	...	—	—
Totals ...	1	4	1	1	—	3	—	—

Notification of cases of Infectious Diseases occurring in your District during the year appears satisfactory and when and where necessary appropriate disinfection of premises is carried out by your Sanitary Inspectors who also give instruction in methods of prevention, hygiene and sanitary measures which can be carried out at home.

Mass X-Ray and investigation of chests etc., has now been instituted. The idea is, of course, new and novel and it will take some time and and energetic publicity before the public in general adopts this excellent method of early detection of Tuberculosis.

Mean-while, although the work is hampered by the continued shortage of beds in hospitals, the Welsh National Memorial Association and the various chest clinics, proceed with undiminished energy to prosecute their rigorous campaign against this disease.

### Laboratory Work and Facilities.

There are no changes to report.

Sera lymph for vaccination, various protective and preventive preparations are readily available from Public Health Laboratories and the latter are always ready to investigate any material submitted for Examination and resulting reports and advice are much appreciated when pathological problems need elucidation.

Public Health Laboratories contribute very largely and effectively to the fight which is being constantly waged against disease and ill health.

### **Prevention of Blindness.**

During the year under review no change in existing organizations, Hospital or Methods of Supervision were reported.

### **Cancer.**

This disease accounted for 19 deaths during the year—seven being males and twelve being females and the average age at death was 65 years. This represents a death rate of 1.8 per thousand of the population.

Early diagnosis, Surgery and X-Ray therapy continue to prove, in combination, the best attack against this disease.





